



1998 Progress Reports

Community Oriented Policing Services

www.usdoj.gov/cops/

Department Annual Report

Affix Label Here

Reporting Period:	January 1, 1998 - December 31, 1998
Last Day of the Reporting Period:	December 31, 1998
Due Date (postmarked by):	February 15, 1999

This report must be filled out completely even if your department has not yet hired any of the officers awarded under your COPS hiring grant(s).

United States Department of Justice
Office of Community Oriented Policing Services
Joseph E. Brann, Director

Department Annual Report

The following report will assist the COPS Office in assessing the administration of COPS grants and the implementation of community policing. Vistronix, Inc. is assisting the COPS Office in the processing of the Progress Reports. If you have any questions regarding this report, please contact the U.S. Department of Justice Response Center at 1-800-421-6770.

U.S. Department of Justice, Progress Reports

c/o Vistronix, Inc.

8300 Boone Blvd., Suite 500

Vienna, VA 22182

Email address: cops.reports@vistronix.com



U.S. Department of Justice
Office of Community Oriented Policing Services
Internet web site: <http://www.usdoj.gov/cops/>

Updated: 24 November 1998

Rpt-dar-001

Funded Sworn Positions

Instructions

Questions 1-5 pertain to the number of sworn positions funded for which your budget actually provides local or other (non-COPS) grant funding. ***Do not include COPS-funded officers in your answers to these questions.*** Please include vacant and filled positions. Exclude officers whose sole duties were jail, detention, bailiff, or serving legal process.

If there were no employees in a given category, enter a 0 (zero). Leave no lines blank.

1. How many **full-time** sworn law enforcement officer positions are a) actually employed in your department, b) funded in your local budget and c) authorized, as of the end of this reporting period? ***Please do not include COPS-funded officers.***
 - a)_____ Actual Sworn Force (number of full-time sworn law enforcement officer positions employed in your department, ***excluding any COPS-funded officers***)
 - b)_____ Budgeted Sworn Force (number of full-time sworn law enforcement officer positions funded in your local budget, ***excluding any COPS-funded officers***)
 - c)_____ Authorized Sworn Force (maximum number of full-time sworn law enforcement officer positions allowable, ***excluding any COPS-funded officers***)
2. How many **part-time** sworn law enforcement officer positions are a) actually employed in your department, b) funded in your local budget and c) authorized, as of the end of this reporting period? ***Please do not include COPS-funded officers.***
 - a)_____ Actual Sworn Force (number of part-time sworn law enforcement officer positions employed in your department, ***excluding any COPS-funded officers***)
 - b)_____ Budgeted Sworn Force (number of part-time sworn law enforcement officer positions funded in your local budget, ***excluding any COPS-funded officers***)
 - c)_____ Authorized Sworn Force (maximum number of part-time sworn law enforcement officer positions allowable, ***excluding any COPS-funded officers***)
3. How many hours of **part-time** sworn service were funded in the department's budget as of the end of this reporting period, ***excluding any COPS-funded officers?*** ***Please list yearly number of total hours here, not dollars.*** ***Do not include volunteers or reserves.***

_____ Hours

Officer Characteristics

4. How many **full-time** sworn officers served in supervisory or managerial ranks in the department as of the end of this reporting period, *excluding any COPS-funded officers*? Include only those officers whose primary responsibility is to supervise or manage other employees.

5. How many **full-time** sworn officers were responsible for routinely responding to calls for service as of the end of this reporting period, *excluding any COPS-funded officers*?

Community Policing Activities



*Please indicate which of the following organizational activities your agency conducted or participated in **during this reporting period**. For each item below, please check the appropriate box.*

	Conducted or Participated	Did Not Conduct or Participate
6. Problem-oriented policing targeted at specific, recurring problems (systematic analysis of problem, implementation of strategy and systematic assessment of results)	<input type="checkbox"/>	<input type="checkbox"/>
7. Directed patrol (time set aside for focusing on a specific problem, area or offense)	<input type="checkbox"/>	<input type="checkbox"/>
8. Alternative responses for calls (e.g., telephone reports, mail-in reports, scheduled appointments)	<input type="checkbox"/>	<input type="checkbox"/>
9. Citizen surveys to determine community needs and priorities	<input type="checkbox"/>	<input type="checkbox"/>
10. Victim assistance program	<input type="checkbox"/>	<input type="checkbox"/>
11. Permanent or mobile neighborhood-based offices	<input type="checkbox"/>	<input type="checkbox"/>
12. Drug-free zones around schools, parks or religious institutions	<input type="checkbox"/>	<input type="checkbox"/>
13. Police/youth programs	<input type="checkbox"/>	<input type="checkbox"/>
14. Drug education programs in schools	<input type="checkbox"/>	<input type="checkbox"/>
15. Drug tip hotline or Crime Stoppers programs	<input type="checkbox"/>	<input type="checkbox"/>
16. Fixed assignment of officers to beats	<input type="checkbox"/>	<input type="checkbox"/>
17. Foot/bike patrol as a full-time assignment	<input type="checkbox"/>	<input type="checkbox"/>



Conducted or
Participated

Did Not Conduct
or Participate

18. Foot/bike patrol as a periodic expectation for officers assigned to cars
19. Training for citizens in problem solving
20. Landlord/manager training programs for order maintenance and drug reduction
21. Regulatory code enforcement to combat crime and disorder
22. Regulatory code enforcement to combat crime and disorder
23. Geographically-based crime analysis made available to beat officers
24. Use of alternative dispute resolution in community conflicts
25. Neighborhood Watch or other community crime prevention program
26. Citizen police academy
27. Neighborhood citizen advisory councils
28. Jurisdiction-wide citizen advisory council
29. Other (attach description)

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30. Does your department plan to continue the community policing activities identified in your COPS Phase I, FAST, AHEAD, and/or UHP grant program(s)?

☐ Yes

☐ No, please provide a brief explanation of why the activities are being discontinued: _____

If possible, attach additional information relevant to your community policing activities, such as newspaper articles or press releases.

Retention

The retention requirement is a condition of your COPS hiring grant. It means that you are required to develop and implement a plan to retain the additional COPS officer positions with local funding at the conclusion of the COPS grant program. The following questions will assist the COPS Office in monitoring your progress toward the creation and implementation of such a plan.

	Yes	No
31. This department plans to retain all officer position(s) awarded under the COPS hiring grant(s) for at least one budget cycle after the grant end date(s).	<input type="checkbox"/>	<input type="checkbox"/>

If **yes**, please indicate what specific steps you have taken.
Please check at least one and you may check as many as apply.

- | | | |
|--|--------------------------|--------------------------|
| • Requested the full funding for the COPS positions from your local governing body during budget negotiations for the fiscal year the grant period ends; | <input type="checkbox"/> | <input type="checkbox"/> |
| • Applied for other non-Federal funding sources (such as state grants) to support the additional officer positions at the termination of the COPS grant; | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sought additional law enforcement funds from private sources, including corporate, nonprofit, and foundation donations or grants; | <input type="checkbox"/> | <input type="checkbox"/> |

- Other – please explain

[illegible]

Narrative Description of Community Policing Activities

Please use a typewriter or word processor to respond to the questions in this section. Be sure to keep your responses within the designated boxes for each item. Please, no handwritten responses.


The following questions refer only to activities occurring during this reporting period. Do not describe activities that occurred in a previous reporting period unless they continued into this one. If the activity did not occur during this reporting period, check the "Activities did not occur during this reporting period" box.

32. **Briefly** describe the work your department has done with community groups and if the officers hired under this grant were involved, explain how.

☐ Activities did not occur during this reporting period

33. **Briefly** describe how your department conducted problem-solving activities and if the officers hired under this grant were involved.

☐ Activities did not occur during this reporting period




34. **Briefly** describe your department's crime prevention efforts and if the officers hired under this grant were involved, explain how.

☐ Activities did not occur during this reporting period

35. Please **briefly** describe your most important successes or achievements in community policing and indicate what role, if any, was played by officers supported under this grant.

☐ Activities did not occur during this reporting period



36. If you have developed evaluation criteria for your community policing program, please **briefly** summarize the criteria and the progress you have made.

☐ Activities did not occur during this reporting period

37. Please **briefly** describe significant setbacks or obstacles you have encountered in implementing community policing. Also describe measures you have taken or plan to overcome these problems.

☐ Activities did not occur during this reporting period

Identifying Information



Name of person completing this form: _____

Title: _____

Signature (required): _____

Name of department or agency: _____

ORI number and/or Grant number: _____

State: _____

FAX number: _____ Phone number: _____

Email address (if applicable): _____

Date report completed: _____

Please make a copy of this report for your records in the event that the COPS Office contacts you in the future concerning this report.

Please return completed form to:

U.S. Department of Justice
c/o Vistronix, Inc.
8300 Boone Blvd., Suite 500
Vienna, VA 22182
Email address: cops.reports@vistronix.com

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